P13000 000 533

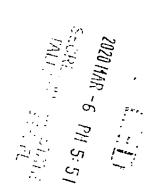
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL.	
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O SIMMONS MAR 23 2020

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The Flying Fish Paddle Sports P13000000533 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert E. Guest
Name of Contact Person Guest, Peavy, Guest CPA's P.A.

Firm/Company

7 SW Federal Hwy, Swite 103

Address Stuart, FL 34994

City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert E. Guest at (772) 286-9005

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

The Flying Fish Paddle	2 Sports, In	c·	
(Name of Corporation as currently	filed with the Florida Dep	t. of State)	
P13000000533	·		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation w	dopts the following	; amendment(s) to
A. If amending name, enter the new name of the corporation: Flying Fish Roard.	1 _{.0}		The new
Flying Fish Board (name must be distinguishable and contain the word "corporation," "c"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" professional corporation n	or the abbreviation ame must contain	n "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	<u> </u>	ZO HAR
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		लं 📋
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		me of the	
Name of New Registered Agent	N/A		
(Florida stre	vet address)		
New Registered Office Address: 14/1	(City)	_, Florida (Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligation	s of the position.	
N/A	rgistered Agent, if changing		
Signature of New Re	rgistered Agent, if changing		
Check if applicable [1] The amendment(s) is large being filed pursuant to s. 607,0120 (11) (a) FS		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	2020
1) Change		N/A		2020 MAR 5
Add				<u> </u>
Remove		/		TO
2) Change		N/A		<u>ाः</u> ज
Add				
Remove 3) Change		N/A		
Add				
Remove		. /		
4) Change		N/A		
Add			 	
Remove				
5) Change		N/A		
Add				
Remove		. / ^		
6) Change		N/A		
Add			<u> </u>	
Remove				

(Attach ac	ling or adding additional ditional sheets, if necess	sary). (Be specific	:)		
			N/A		
			/	-	
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				• •	
F. If an ame	endment provides for a	n exchange, reclass	sification, or cancellat	ion of issued shares,	•
provisio	ns for implementing th	e amendment if no	t contained in the amo	endment itself:	
(if n	ot applicable, indicate N	//A)			
			NA		
				-	
					
	••				
			···		
					
					

	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sharehol-	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the americient for approval.	HAR
	wed by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes east for	r the amendment(s) was/were sufficient for approval	y y
by		<u> </u>
	(voting group)	
	etor, président or other officer – if directors or officers have no	
	by an incorporator – if in the hands of a receiver, trustee, or off fiduciary by that fiduciary)	ner court
-	Tohn Meskauskas (Typed or printed name of person signing)	
_	Tresident (Title of person signing)	
	(Title of person signing)	

. . . .